

**APPLICATION  
FOR REGISTERED  
DENTAL HYGIENIST IN  
EXTENDED FUNCTIONS**

For Office Use Only			
Rec# _____	File# _____		
Sign _____	Seal _____ Dean _____		
Lic # RDH _____	Exp _____ / _____		
SLN   Yes   No   Pic   Yes   No   FP _____	CLR _____		
School _____	Year _____ Loc _____		

(Please Type or Print Neatly)

1. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      2. Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  

Month                      Day                      Year
  3. Name \_\_\_\_\_  

Last                                      First                                      Middle
  4. Other Names used \_\_\_\_\_
  5. Address \_\_\_\_\_  

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
  6. Telephone Numbers: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- 
7. I wish to take the State Board Examination in
- Los Angeles ☐                      San Francisco ☐                      on \_\_\_\_\_, 19\_\_\_\_
- 
8. Have you previously filed an application to practice as an RDHEF in California?                      Yes ☐                      No ☐
- If so, when? \_\_\_\_\_

9. Certification of graduation from extended function program:

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I HEREBY CERTIFY, That \_\_\_\_\_

entered the Board approved educational program at \_\_\_\_\_  
Name of educational program

on the \_\_\_\_\_ day of \_\_\_\_\_ and was granted a certificate in Registered Dental Hygiene  
in Extended Functions on \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

SEAL OF COLLEGE  
OR INSTITUTION

\_\_\_\_\_  
Signature of Dean or other Authorized Officer

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10. List all states in which you have been licensed to practice dental hygiene. Certification of licensure is required for each state other than California.

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11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held or have you ever voluntarily surrendered a license? If yes, provide details in space 17. Yes ☐ No ☐

12. Are there any accusations or pending accusations against you? If yes, provide details in space 17. Yes ☐ No ☐

13. Have you ever been denied a license to practice dental assisting in any state or country? If yes, provide details in space 17. Yes ☐ No ☐

14. Are you currently, or have you in the last two years, engaged in the illegal use of controlled dangerous substances? If yes, you must provide complete details in space 17. Yes ☐ No ☐

15. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state or federal action? (Except violations of traffic laws not related to drugs or alcohol)? Applicants must report any convictions or pleas of nolo contendere even if a subsequent order was issued which expunged or dismissed the criminal record under the provisions of Section 1203.4 of the Penal Code. Applications may be denied for knowingly falsifying an application pursuant to Section 480(c) of the Business and Professions Code.
- Yes ☐ No ☐

(If the answer is "Yes", in space 17 you MUST provide the section of law violated, the nature of the violation, the location and date of the violation, and the penalty or disposition.)

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16. Execution of application:

Executed in \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_\_  
City or County State Month/Day/Year

I am the applicant for examination for licensure referred to. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, my references, employers (past and present), business and profession associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board of Dental Examiners of California any information, files or records requested by the Board in connection with the processing of this application.

I CERTIFY under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Date Signature of Applicant

NOTE: An applicant who signs this application outside the State of California shall swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

17. Space for additional comments (indicate No. of question being answered).

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### INFORMATION COLLECTION AND ACCESS

The information provided on this application is maintained by the Executive Officer of the Committee on Dental Auxiliaries, 1428 Howe Avenue, Suite 58, Sacramento, CA 95825, under the authority granted by the Business and Professions Code, Division 2, Chapter 4, Article 7, Section 1740 and following.

It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete.

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Your completed application becomes the property of the Committee on Dental Auxiliaries and will be used by authorized personnel to determine your eligibility for registered dental assistant in extended functions licensure. Information on your application may be transferred to other governmental or law enforcement agencies.

You have the right to review the records maintained on you by the Committee unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Committee at the above address.